

IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF PENNSYLVANIA

In Re: **Mariann Kaczmarek** : Bankruptcy No. **20-21993**
Debtor :
Mariann Kaczmarek : Chapter **13**
Movant : Related to Document No.
v. :
No Respondent :
:

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

Voluntary Petition - *Specify reason for amendment:*

Official Form 6 Schedules (Itemization of Changes Must Be Specified)

Summary of Schedules

Schedule A - Real Property

Schedule B - Personal Property:

Schedule C - Property Claimed as Exempt:

Schedule D - Creditors holding Secured Claims

Check one:

Creditor(s) added

NO Creditor(s) added

Creditor(s) deleted

Schedule E - Creditors Holding Unsecured Priority Claims

Check one:

Creditor(s) added

NO Creditor(s) added

Creditor(s) deleted

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Check one:

Creditor(s) added

NO Creditor(s) added

Creditor(s) deleted

Schedule G - Executory Contracts and Unexpired Leases

Check one:

Creditor(s) added

NO Creditor(s) added

Creditor(s) deleted

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s): To reflect the Debtor's current monthly income

Schedule J - Current Expenditures of Individual Debtor(s)" To reflect the Debtor's current monthly expenses

Statement of Financial Affairs

Chapter 7 Individual Debtor's Statement of Intention

Chapter 11 List of Equity Security Holders

Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims

Disclosure of Compensation of Attorney for Debtor

Other: _____

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Fed.R.Bankr.P. 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the U.S. Trustee, the trustee in this case, and to entities affected by the amendment as follows:

Ronda J. Winnecour
cmevf@chapter13trusteewdpa.com

Office of the United States Trustee
ustpregion03.pi.ecf@usdoj.gov

Date November 8, 2021

/s/ Matthew M. Herron

Attorney for Debtor(s) [or *pro se* Debtor(s)]

Matthew M. Herron 88927

(Typed Name)

**d/b/a Herron Business Law
607 College Street, Suite 101
Pittsburgh, PA 15232**

(Address)

412-395-6001

(Phone No.)

88927 PA

List Bar I.D. and State of Admission

Note: An amended matrix of creditors added by the amendment must be submitted on disk with the amendment. Attorneys filing electronically on the Case Management/Electronic Case Filing System may add creditors to the case electronically.

Fill in this information to identify your case:

Debtor 1	<u>Mariann Kaczmarek</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF PENNSYLVANIA</u>
Case number (If known)	<u>20-21993</u>

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

10/08/2021

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Occupation

Legal Assistant

Employer's name

Blumling & Gusky, LLP

Employer's address

1200 Koppers Building
436 7th Avenue
Pittsburgh, PA 15219

How long employed there?

21 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>5,416.67</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross Income. Add line 2 + line 3.	4. \$ <u>5,416.67</u>	\$ <u>N/A</u>

Debtor 1 Mariann Kaczmarek

Case number (if known) 20-21993

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 5,416.67	\$ N/A	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,396.63	\$ N/A	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A	
5e. Insurance	5e. \$ 112.67	\$ N/A	
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A	
5g. Union dues	5g. \$ 0.00	\$ N/A	
5h. Other deductions. Specify: Advance Repayment	5h.+ \$ 216.67	+ \$ N/A	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,725.97	\$ N/A	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 3,690.70	\$ N/A	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A	
8b. Interest and dividends	8b. \$ 0.00	\$ N/A	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A	
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A	
8e. Social Security	8e. \$ 0.00	\$ N/A	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ N/A	
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A	
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ N/A	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ N/A	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,690.70	+ \$ N/A	= \$ 3,690.70
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 3,690.70		
13. Do you expect an increase or decrease within the year after you file this form?	Combined monthly income		
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: <input type="text"/>			

BLUMLING & GUSKY LLP
1200 Koppers Building 436 7th Avenue
Pittsburgh PA 15219

1404-4159
ORG1:20 Dept 20
EE ID: 15 DD

MARIANN KACZMAREK
3701 COLBY STREET
PITTSBURGH PA 15214

Payroll by Paychex, Inc.

MOBILE PAYROLL SAMPLE

PERSONAL AND CHECK INFORMATION

Mariann Kaczmarek
3701 Colby Street
Pittsburgh, PA 15214
Soc Sec #: xxx-xx-xxxx Employee ID: 15

Home Department: 20 Dept 20

Pay Period: 09/11/21 to 09/24/21
Check Date: 09/24/21 Check #: 105382

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	1979.12
Chkg 324	990.85	9556.37
NET PAY	990.85	11535.49

EARNS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	Salary		2500.00			22750.00
	Bonus					1000.00
	Other					1000.00
	Total Hours					
	Gross Earnings			2500.00		24750.00
	Total Hrs Worked					

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
	Social Security		151.40	1498.04
	Medicare		35.41	350.29
	Fed Income Tax	S 1	303.91	2803.08
	PA Income Tax		74.97	741.79
	PA Unemploy		1.50	14.85
	PA PGH-All Inc		73.26	724.86
	PA PILST-All LST		2.00	24.00
	TOTAL		642.45	6156.91

DEDUCTIONS	DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
	401k Loan Payne	708.70	5669.60
	Advance		500.00
	Advance Repayme	100.00	300.00
	FLEX	50.00	580.00
	Med 125	8.00	8.00
	TOTAL	866.70	7057.60

NET PAY	THIS PERIOD (\$)	YTD (\$)
	990.85	11535.49

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1404-4159
ORG1:20 Dept 20
EE ID: 15 DD

MARIANN KACZMAREK
3701 COLBY STREET
PITTSBURGH PA 15214

2021 PAYROLL REPORT FOR MARIANN KACZMAREK

NON-DISCRIMINATORY

PERSONAL AND CHECK INFORMATION

Mariann Kaczmarek
3701 Colby Street
Pittsburgh, PA 15214
Soc Sec #: xxx-xx-xxxx Employee ID: 15

Home Department: 20 Dept 20

Pay Period: 09/25/21 to 10/08/21
Check Date: 10/08/21 Check #: 105399

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	1979.12
Chkg 324	1703.40	11259.77
NET PAY	1703.40	13238.89

EARNSINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	Salary		2500.00			25250.00
	Bonus					1000.00
	Other					1000.00
	Total Hours					
	Gross Earnings		2500.00			27250.00
	Total Hrs Worked					
WITHHOLDINGS	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
	Social Security			151.78		1649.82
	Medicare			35.50		385.79
	Fed Income Tax S 1			305.23		3108.31
	PA Income Tax			75.15		816.94
	PA Unemploy			1.50		16.35
	PA PGH-All Inc			73.44		798.30
	PA PILST-All LST			2.00		26.00
	TOTAL			644.60		6801.51
DEDUCTIONS	DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
	401K Loan Payne					5669.60
	Advance					500.00
	Advance Repayme			100.00		400.00
	FLEX			50.00		630.00
	Med 125			2.00		10.00
	TOTAL			152.00		7209.60
NET PAY				THIS PERIOD (\$)		YTD (\$)
				1703.40		13238.89

Fill in this information to identify your case:

Debtor 1 **Mariann Kaczmarek**
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: **WESTERN DISTRICT OF PENNSYLVANIA**
Case number **20-21993**
(If known)

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Yes. Fill out this information for Debtor 2.

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **0.00**

Your expenses

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ **0.00**
4b. \$ **0.00**
4c. \$ **100.00**
4d. \$ **0.00**
5. \$ **0.00**

Debtor 1 Mariann Kaczmarek

Case number (if known) 20-21993

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ <u>200.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>105.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>340.00</u>
	6d. Other. Specify:	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>300.00</u>	
8. Childcare and children's education costs	8. \$ <u>0.00</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>70.00</u>	
10. Personal care products and services	10. \$ <u>60.00</u>	
11. Medical and dental expenses	11. \$ <u>120.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>200.00</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>0.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>140.00</u>	
15b. Health insurance	15b. \$ <u>0.00</u>	
15c. Vehicle insurance	15c. \$ <u>100.00</u>	
15d. Other insurance. Specify:	15d. \$ <u>0.00</u>	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16. \$ <u>0.00</u>	
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify:	17c. \$ <u>0.00</u>	
17d. Other. Specify:	17d. \$ <u>0.00</u>	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify:	\$ <u>0.00</u>	
19.		
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. Other: Specify: <u>Pet Costs</u>	21. +\$ <u>30.00</u>	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ <u>1,765.00</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>1,765.00</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.		
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ <u>3,690.70</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>1,765.00</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>1,925.70</u>	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	